

order to review whether that particular pharmaceutical drug or other therapy is useful or not. That is not paid for by the insurance companies. So they only have to pay for the routine health needs—the costs that they would pay for even in the absence of a clinical trial. The regime, the testing group or organization or pharmaceutical company that is having that clinical trial, pays for the rest.

But what we are seeing is virtually the beginning of the collapse of clinical research taking place. I will just make a final point on this issue. The group that has had the greatest amount of clinical research done on them in this country has been children. The greatest progress that has been made in the battle for cancer has been—where?—with children.

Most of the clinical researchers who have reviewed this whole question of our efforts on cancer would make the case that one of the principal reasons that we have made the greatest progress in the war on cancer in children, in extending their lives and improving their human condition, is because of these clinical trials.

We want to continue to encourage participation in clinical trials. They offer hope for the future. If the doctor says this is what is necessary for the life and the health of a woman who has cancer, that this is the one way she may be able to save her life, and there is a clinical trial available, we want to be able to say she ought to be able to go there. The opposition says: Let's study it. I say: Let's vote on it.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. NICKLES. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. GREGG). Without objection, it is so ordered.

EXTENSION OF MORNING BUSINESS

Mr. NICKLES. Mr. President, I ask unanimous consent to extend morning business until 3 o'clock, with the time equally divided.

The PRESIDING OFFICER. Is there objection?

Mrs. BOXER. Reserving the right to object. I have a question and I shall not object. Can our friend tell us if there is any progress being made on getting the Patients' Bill of Rights to the floor so the good Senator from California, Senator FEINSTEIN, can offer an amendment to assure that doctors make the decisions when people are sick and not a bureaucrat? Is there any chance we might have that on the floor this afternoon?

Mr. NICKLES. Mr. President, I am happy to respond. Our colleagues from California may want to join our bill; we have doctors make the decisions. To answer the Senator's question, we are negotiating in good faith. We are getting closer, I believe, to coming to an agreement that would have consideration of the Patients' Bill of Rights be the pending business when we return from the Fourth of July break. Hopefully, we will have that resolved in the not-too-distant future.

Mrs. BOXER. I thank the Senator.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. FEINSTEIN addressed the Chair.

The PRESIDING OFFICER. The Senator from California, Mrs. FEINSTEIN, is recognized.

PATIENTS' BILL OF RIGHTS

Mrs. FEINSTEIN. Mr. President, I am on the floor because I anticipated that at 2 o'clock we would be returning to the agriculture appropriations bill. I indicated this morning that I would be proposing an amendment to that bill that has to do with giving the physician the right to provide medically necessary services in a setting which that physician believes is best for the patient. I now see that this has been postponed an hour, so I would like to speak to the amendment now and then introduce it at 3 o'clock. I hope there will be no objection to that.

Let me begin by saying, once again, what this amendment does. Essentially, the amendment says that a group health plan or a health insurance issuer, in connection with health insurance coverage, may not arbitrarily interfere with or alter the decision of the treating physician regarding the manner or the setting in which particular services are delivered if the services are medically necessary or appropriate for treatment or diagnosis, to the extent that such treatment or diagnosis is otherwise a covered benefit.

I read that specific language because it is important to understand that because most people buying a health insurance plan believe that their doctor is, in fact, going to be prescribing the treatment that is best for them, not the treatment that is the least cost effective, not the treatment that might run a risk to the patient but be good for somebody else, but the treatment or the procedure, in an appropriate setting, that is right for that patient. What is right for a patient who is 18 years old may not be right for a patient who is 75 years old, and so on. I will read from the legislation the definition of "medical necessity" or "appropriateness":

The term "medical necessity" or "appropriate" means, "with respect to a service or a benefit, a service or benefit which is consistent with generally accepted principles of professional medical practice."

That is something that everyone expects, that everyone is accustomed to in this Nation, and I believe that is the way medicine should, in fact, be practiced. I am very pleased to say the language of this amendment, from the larger Patients' Bill of Rights (S. 6) is supported by some 200 organizations all across the United States, including the American Academy of Emergency Medicine; the American Academy of Neurology; American Academy of Pediatrics; American Association of University Women; American Cancer Society; American College of Physicians; American Heart Association; American Lung Association, and the American Medical Association, which is the largest association of practicing physicians in the country.

Then there is the American Psychological Association; the American Public Health Association; the American Society of Clinical Oncology; virtually every breast cancer organization; the Consumer Federation of America; the Epilepsy Foundation; the Leukemia Society; the National Alliance of Breast Cancer Organizations; the National Association of Children's Hospitals; the National Association of People with AIDS; the National Council of Senior Citizens; the National Black Women's Health Project; the National Breast Cancer Coalition; the Older Women's League; the Paralyzed Veterans of America—on and on and on.

This is a widely accepted amendment that virtually has the support of every professional and patient organization that deals with health care anywhere in the United States.

Let me read a statement from the American College of Surgeons, certainly the most prestigious body for surgeons, and one to which my husband, Bert Feinstein, belonged:

We believe very strongly that any health care system or plan that removes the surgeon and patient from the medical decision-making process only undermines the quality of that patient's care and his or her health and well-being.

Similarly, the American Medical Association has said, "Medical decisions should be made by patients and their physicians, rather than by insurers or legislators."

I have worked on this now for 3 years. In the last Congress, I introduced legislation to allow doctors to decide when to discharge a woman from the hospital after a mastectomy. I did this with Senator D'Amato in the last Congress and with Senator SNOWE in this Congress. And I introduced a bill that would allow doctors to decide when to discharge a person from the hospital after any procedure or treatment, with Senators D'Amato and SNOWE.

Why do we need these bills? Senator MIKULSKI from Maryland this morning made a very impassioned case about mastectomies. And we learned in 1997 that women were being pushed out of the hospital on the same day after a mastectomy.